JUN 15 1935

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

File No. 17694

Registered No. 147

**1. PLACE OF DEATH**

County St. Louis — Registration District No. 789

Township Central — Primary Registration District No. 6033

City Wellston — (No. 6249 Plymouth Ave., St. ..... Ward)

**2. FULL NAME** Wilfred Weigel.

(a) Residence, No. 6249 Plymouth Ave., St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Edith Weigel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1896.

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 39 | ------ | 17 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern-Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME John Weigel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Lula Gerstkemper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Edith Weigel
(ADDRESS) 6249 Plymouth Ave.,

18. BURIAL, CREMATION, OR REMOVAL
VALHALLA CREMATORY DATE May 30/35, 19

19. UNDERTAKER Jas. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED 5-29-, 1935 H. A. Boehmer
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-9-34, 19 to 5/28/35, 19

I last saw him alive on 5/28/35, 19 Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cirrhosis of Liver (Alcoholic) | 10-9-34 |

Other contributory causes of importance: Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) L. T. Hayden, M. D.

(Address) 5899 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD